

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/541200
FILING DATE
APPLICANT(S)

7/5/05 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3						
4		2				
5		2				
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	4	←	4	←	4	←
TOTAL CLAIMS	6		6		6	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	4	←	4	←	4	←
TOTAL CLAIMS	6		6		6	